ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print y) B. Date of Delivery C. Signature Agent Addressee D. Is delivery laddress different from item 12 Yes
Article Addressed to: DOUGLAS NIELSEN DUCHESNE CO ROAD DEPT PO BOX 356 EAST OLD HWY 40	D. Is delivery address different from item 1? Yes If YES, enter delivery address below. XXNo
DUCHESNE UT 84021-0356	3. Service Type ☐ Certified Mail ☐ Express Mail USPS ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label) Z 228 354 989	

